

JUL 27 2004



## AMENDMENT TRANSMITTAL

PATENT

Application No.: 09/470,669  
Filing Date: December 23, 1999  
First Named Inventor Kelan C. Silvester  
Examiner's Name: Vu, Trisha U.  
Art Unit: 2112  
Attorney Docket No.: 042390.P8085

An Amendment After Final Action (37 CFR 1.116) is attached and applicant(s) request expedited action.

Charge any fee not covered by any check submitted to Deposit Account No. 02-2666.

Applicant(s) hereby request and authorize the U.S. Patent and Trademark Office to (1) treat any concurrent or future reply that requires a petition for extension of time as incorporating a petition for extension of time for the appropriate length of time and (2) charge all required fees, including extension of time fees and fees under 37 CFR 1.16 and 1.17, for any concurrent or future reply to Deposit Account No. 02-2666.

Applicant(s) claim small entity status (37 CFR 1.27).

### **ATTACHMENTS**

Preliminary Amendment

Amendment/Response with respect to Office Action

Amendment/Response After Final Action (37 CFR 1.116) (reminder: consider filing a Notice of Appeal)

Notice of Appeal

RCE (Request for Continued Examination)

Supplemental Declaration

Terminal Disclaimer (reminder: if executed by an attorney, the attorney must be properly of record)

Information Disclosure Statement (IDS)

Copies of IDS citations

Petition for Extension of Time

Fee Transmittal Document (that includes a fee calculation based on the type and number of claims)

Cross-Reference to Related Application(s)

Certified Copy of Priority Document

Other:

Other:

Check(s)

Postcard (Return Receipt)

### **SUBMITTED BY:**

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TYPED OR PRINTED NAME: John P. Ward

SIGNATURE:

REG. NO.: 40216

DATE: 7/23/04

ADDRESS: 12400 Wilshire Boulevard, Seventh Floor

Los Angeles, California 90025

TELEPHONE NO.: (408) 720-8300

### **CERTIFICATE OF MAILING BY FIRST CLASS MAIL (If applicable)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria Virginia 22313-1450 on July 23, 2004

Date of Deposit

Alma Goldchain

Name of Person Mailing Correspondence

Signature

7/23/04

Date

Express Mail Label No. (if applicable):

(10/14/03)

Send to: COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, Virginia 22313-1450

**FEE TRANSMITTAL FOR FY 2004**  
(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) 770.00

Complete if Known  
Application No. 09/470,669

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First Named Inventor Kelan C. Silvester  
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Applicant claims small entity status. See 37 CFR 1.27.

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account  
Deposit Account Number : 02-2666  
Deposit Account Name:

The Director is Authorized to do the following with respect to the above-identified Deposit Account:  
 Charge fee(s) indicated below.  
 Credit any overpayments.  
 Charge any additional fees during the pendency of this application.  
 Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.  
 Charge fee(s) indicated below except for the filing fee.

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity	Small Entity				
Fee	Fee	Fee	Fee Description	Fee Paid	
Code	(\$)	Code	(\$)		
1001	770	2001	385	Utility application filing fee	
1002	340	2002	170	Design application filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional application filing fee	

SUBTOTAL (1) \$ 0.00

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	- 20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 3** =		X 18	=
Multiple Dependent			X 86	=

\*\*Or number previously paid, if greater; For Reissues, see below.

Large Entity	Small Entity				
Fee	Fee	Fee	Fee Description	Fee Paid	
Code	(\$)	Code	(\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

<b>Large Entity</b>	<b>Small Entity</b>	<b>Fee Description</b>	<b>Fee Paid</b>
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1814	110	2814	55
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,330	1454	1,330
Acceptance of unintentionally delayed claim for priority			

Other fee (specify) \_\_\_\_\_

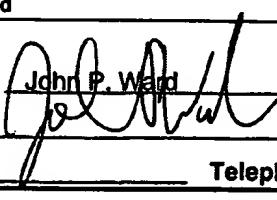
Other fee (specify) \_\_\_\_\_

**SUBTOTAL (3) \$ 770.00**

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**

Typed or Printed Name: John P. Ward

Signature:  Date: 7/23/04

Reg. Number: 40,216 Telephone Number: (408) 720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Based on Form PTO/SB/17 (08-03) as modified by BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP on 09/30/03.